STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

CHANGE OF BENEFICIARY
RETIREMENT PLAN C (PERIOD CERTAIN AND CONTINUOUS)

- Type or print clearly in ink, initial any changes that you make, and do not use white out.
- You may name any living person, your estate, or a trust as your beneficiary.
- A trust designation must include the name and date of the trust agreement.
- At least one primary beneficiary must be named. If more than one primary beneficiary is named, the share of any beneficiary who dies before you shall be divided equally amount the surviving primary beneficiaries.
- A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
- If you survive all of the beneficiaries named, payment would be issued to your estate.
- "Per Stirpes" designation (unnamed or unborn beneficiaries) is not accepted.

RETIRED MEMBER INFORMATION:

MEMBER NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	SOCIAL SECURITY NUMBER
STREET ADDRESS	PHONE NUMBER ( )
CITY, STATE, ZIP	CHECK IF: NEW ADDRESS ☐ NAME CHANGE ☐

I hereby revoke any previously recognized beneficiary designation and elect to name the following individual(s) as my designated beneficiary(ies). I understand that under the terms and conditions of Payment Plan C, I have agreed to a reduced monthly benefit payment for life based on my age and the period certain selected in order to provide that if I die within the period certain selected, my designated beneficiary will receive the same monthly for the remainder of the period certain. I also understand that if my primary beneficiary begins to receive payments and dies before the guaranteed period certain expires, the commuted value of any installments due will be paid in a lump sum to my beneficiary's Estate.

BENEFICIARY NAME (FIRST, MI, LAST)	RELATIONSHIP	SOCIAL SECURITY #	DATE OF BIRTH	(CHECK ONE) ☐ PRIMARY ☐ CONTINGENT
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SIGNATURE OF MEMBER	DATE	WITNESS (OTHER THAN BENEFICIARY)	DATE

Please retain a copy of this form for your records and forward the <u>signed original</u> directly to CTRB at the address above.